THE
TRAINING SCHOOL BULLETIN

SEPTEMBER 1920

Philip P. Baker

Once in many years God, in His wisdom and goodness, gives to the world a man whose life embodies the spirit of service for the welfare of others. This He did when Philip P. Baker was born, and throughout his long and active life many a man has benefited by his counsel and help; many a woman has felt his gentle courtesy and consideration; many a child has known his free generosity and kindness.

Brought up on a farm, he had all of that intensity of action that living close to great mother earth gives, and by teaching and precept—honesty, justice and fair dealing became an integral part of his life. He strove always for the finest and best. His life might have been guided by the words of Lowell—

"Life is a leaf of paper white
Whereon each one of us may write
His word or two, and then comes night.
Greatly begin! Though thou hast time
But for a line, be that sublime.
Not failure, but low aim, is crime."

About fifty years ago, Mr. Baker moved to Vineland, opened a store and began the living of a life which might well be taken as a model by young men and women of today. He took an interest in every phase of community life. To follow his activities in any one of them would tax the energies of an ordinary man.

His business in Vineland grew, and with his brothers he laid the foundation of much of what is best in the Vineland life of today. The little store, as was common in those days, was a centre of community interest. Integrity and fair dealing might have been its

motto, so evident were they in every transaction. More than one poor family was able to avoid financial difficulties because of the generosity and consideration given it by Senator Baker and his brothers. There was a wonderful harmony of interest among these three brothers—time, money, property was used by and at the call of any one of them, a striking piece of co-operation within a family that might well be copied; and wherever the name Baker Brothers appeared, there one was sure of finding a progressive spirit hard at work. Philip was the oldest, and throughout their activities, his calm, considerate, judicial hand might be felt. The great decision was his. The smoothing of the rough spots fell to his lot. The marshaling of facts to develop the full truth was his task, and he never faltered; day and night he used his comparatively frail body to carry out their plans.

As might be expected for such a man, he was called to take a place in the halls of State, as Senator from Cumberland County. And here his name was ever associated with progressive legislation. It was while he was in the Senate, that he presented and had passed the bills that founded the State Institution and the Training School at Vineland.

Upon the founding of the two institutions he became a member of the Board of Directors of each, resigning from the State Institution Board when their activities became separated, but continuing on the Training School Board from its beginning until his death, and acting continuously as President since 1893. The early days of the Training School were one continuous struggle for existence, and his help, support and counsel proved invaluable. When Professor Garrison died, the burden of the Training School fell upon Senator Baker's shoulders, while a new untried man was feeling his way as superintendent. No problem was too intricate, no plan so extensive but that he gave time and thought to the consideration and solution of it in every detail. Its relationship to the State, the admission of private pupils, trips to the seashore for the children, the establishing of a summer camp for them, the development of colonies, the building up of the Department of Research, and the spreading of information through the Extension Department—all had his attention. His personal interest in the employees was pronounced and for years he spent many hours each week visiting throughout the Institution. The children knew and loved him, and for nearly fifteen years the Baker Club of big boys has been in

existence, constantly feeling the stimulus of "What President Baker would think" of their activities as a club and as individuals. Many great things stand as monuments to his genius, of these the Training School is not the least.

As the little town of Vineland grew, it became necessary to increase its banking facilities, and Mr. Baker was instrumental in founding the Tradesmen's Bank. He was a member of the first Board of Directors and its President since. After his removal to Wildwood Crest, he several times proposed giving up his connection with the bank, but his name—standing always as it has for integrity and safety—was held by unanimous vote of the directors.

In church matters he was a devout Presbyterian, and no cause for the moral or religious betterment of his fellow citizens but had a patient hearing and generous assistance from him. Today the new Presbyterian Church of Vineland stands on the site of his old home—this beautiful site being made possible by his generosity.

While all of these things were going on in Vineland he, with his brothers, was literally creating a city at Wildwood. When they first went there Five-Mile Beach was a stretch of sand dunes—bare, wind-swept, unattractive, with a herd of wild cattle making its home there.

Think what a master mind it was that could look forward through the years and visualize a city. Think what indomitable courage and steadfastness of purpose it took to carry out this great vision. Year after year he struggled. "Only the best," he said again and again. "We shall do everything in our power to have people started right." Streets were laid out, water and sewer lines laid, and in the days of beginning Baker Brothers stood in lieu of formulated government, both in Wildwood and at the Crest. Hard though the struggle was, he never let down his ideals one iota.

Throughout all the affairs of Five-Mile Beach, his influence has been felt since the founding of Wildwood. A new railroad is needed—he is called. A new bank must be formed—he is chosen. A child is lost or in trouble—it is taken to Mr. Baker. Anything, everything that goes into the making of the life of a virile, active community was brought to his door, and his patience never became exhausted, his interest never wavered, his good advice never failed.

And those who have been privileged to enter into the circle of his home life know how beautifully ideal it was. His love and solicitude for his children grew only more abundant with the years, and

when the blessing of grandchildren came, it seemed that his cup of gladness overflowed.

We have lost a counselor and friend. God's gentleman has passed away.

Congenital Word Blindness—Some Analyses of Cases.[1]

By J. E. Wallace Wallin, Ph. D.
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In the perusal of scores of surveys, articles and books on the intelligence of mentally subnormal school children, the writer has failed to find a single reference to congenital word-blindness as a specific defect, or as a possible factor in the pedagogical retardation of the pupils, in spite of the fact that word-blindness has been recognized as a nosological entity for over forty years. Apparently the concept has remained nothing but an abstraction, interesting as a theory,—but of little practical moment, to those who have been studying pedagogically retarded children from the standpoint of measuring intelligence by the Binet-Simon scale or group intelligence tests. And yet, analysis of individual cases shows conclusively that the primary reason why some children fail to advance in school is because they are unable to learn to read, or because they learn to read very slowly, owing to the presence of some degree of word-blindness. In consequence of this disability they are seriously handicapped in all school work which must be mastered through the printed page, and many children who have failed to advance in school because of word-blindness have been diagnosed as feeble-minded and assigned to special classes for mental defectives, although they were normal or merely backward in intelligence. Illustrative cases in point have already been cited,[2] and many more could easily be cited out of our experience. In this paper an analysis will be made of some of the data gathered on 95 consecutive cases from St. Louis examinees whose reading disability has been attributed to visual aphasia or dyslexia.

[1] Presented, in part, before section L, Education, of the American Association for the Advancement of Science, December 30, 1919.

[2] The Problems Concerning a Psycho-Educational Clinic in a Large Municipality, Mental Hygiene, 1920, 103ff. See also references to our contributions in the bibliography at the end of this article.

But let us first explain what is meant by word-blindness. Word-blindness (so named by Kussmaul, who first recognized the condition in 1877)[1] does not refer to the inability to *see* printed or written characters, but to the inability to *understand* or interpret them. It is a form of asymboly which affects the imaging, remembering and interpretation but not the perception of printed symbols. Word-blindness is only an instance of "mind-blindness," or "psychical blindness." In the latter condition all visual imagery is obliterated, so that no visual images or memories of any kind can be interpreted. Word-blindness may affect only letters or Arabic numerals, or certain groups of letters or figures, or certain syllables, or whole words or certain groups of words, or certain languages but not others, or musical notes (note blindness or sensory amusia), or various combinations of these symptoms, while it is sometimes accompanied by agraphia[2] and possibly by auditory aphasia (inability to understand spoken language, attributed to a lesion in the first tempero-sphenoidal gyrus).[3] Cases which have been intermittent have been recorded.

In the case of acquired word-blindness focal lesions have been discovered in the secondary visual area, in the angular gyrus and in the supra-marginal gyrus, in the left parietal lobe of right-handed persons. If these areas are seriously affected there is complete word-blindness accompanied by agraphia. It is also believed that acquired word-blindness may result from the destruction of the fibres leading from both sides of the center of visual perception[4] (the "primary visual center" in the posterior part of the occipital lobe) to the angular gyrus, but in this case no agraphia follows.

It is assumed that lesions of congenital or hereditary[5] origin, or

[1] William Broadbent had five years previously reported the condition as complicated by speech disturbances.

[2] Difficulty of writing. In the usual form, monosyllables can be recognized, but longer words do not resemble the intended words. When letters cannot be formed, which is rare, the subject makes meaningless strokes, sometimes resembling stenographic or runic characters.

[3] Among the thousands of children whom we have individually examined, only one has been classified as a case of auditory aphasia, described in the last reference at the end of this article. We agree with Kerr that this type of defective word imagery is exceedingly rare.

[4] From the right and left calcarine fissures.

[5] The following three brothers among our cases are suggestive of dyslexia as a family trait. L. R. at the first examination, age 9 years, graded 7.8

lesions due to birth trauma[6] or to injuries in early life, or an arrest

by the 1911 Binet, being retarded 1.2 years (I. Q. 87), and about 8 years by the Seguin form-board, according to the writer's norms (Psycho-Motor Norms for Practical Diagnosis, 1916, Tables XLVIII and XLIX). At the age of 11.1 he graded 9.3 by the Stanford (or 9.6 by the 1911 and 9.8 by the 1908 scale), being retarded 1.8 years (I. Q. 84), and about 11.5 by the Seguin. After 6 years in school (with frequent absences) he was reported as doing II-2 successfully. He was reported to be of "slow mentality," indifferent, lacking in sustained attention, and did his best work in arithmetic and poorest in reading and spelling. He required 1′ 53″ to read to "near" in the Stanford selection (12 words), receiving aid on six words and read "the" for "three." He was diagnosed as a case of dyslexia very backward in intelligence, but not feeble-minded.

R. R. at the first examination, age 6, graded 5.4 years by the 1911, being retarded .6 year (I. Q. —90), but found great difficulty in doing the Seguin form-board at all. At the age of 8.08, he graded 7.3 by the Stanford, being retarded 9 months (I. Q. 90+), and 7 years by the Seguin. He was still very poor in the psycho-motor test. However, by the 1908 and 1911 he graded 8.6, or a half year advanced. The school record indicated that he had attended school very irregularly over 2 years, that although somewhat irresponsible he was easily managed, that he did about I-3 work, was poorest in phonics, writing and number work, and showed the greatest interest in handwork in which, however, he was poor. He required 1′ 40″ to read to "houses" in the Stanford selection (11 words), and was given aid on 9 words. His speech had improved since he was last examined, but it was still very indistinct. He was diagnosed as a neurotic lisper subject to dyslexia and backward in intelligence.

An older brother, admitted into a special school before the clinic was established, was reported on leaving school at 13.2 years, as doing first grade in reading and II-3 in arithmetic, in which he did his best work. He was very poor in phonics, careless and poor in hand work, except in rug crocheting, in which he did excellent work. The mother said he had continued to hold a factory job at $7.00 a week, that he was fairly good at figures, that he had not been able to "learn to read, spell or write, and can not read what he writes." From the record we should surmise that he is a mental defective subject to dyslexia. According to the mother, the oldest boy, age 18, was earning $17.00 a week, and the oldest girl, age 16, $13.00 a week. She said that these two and two other girls were "all right."

The mother, subaverage in intelligence, required 60 seconds to read the Stanford selection, she skipped some words and misread others. She said she went to school only 6 or 9 months, and that she had taught herself to read. She said her husband had had little schooling, but could read and write well, although he could not spell well.

[6] The length of the birth labor was given for 46 of our cases of word-blindness. The average length was twelve and a half hours for the visual

of development which affect the same cerebral areas will account for congenital word-blindness, which was first recognized by W. Pringle Morgan. The congenitally word-blind child cannot learn to read, or learns to read only with the greatest difficulty. A considerable difference has also been observed in the character and severity of these cases, which has led to the supposition that the more severe degrees are due to lesions or imperfections in the angular gyrus, and the lighter degrees to partial interruptions in the connecting fibres between the primary (perception) and secondary (memory) visual centers.

We shall apply the term visual aphasia to the more severe degrees, and the term dyslexia[1] to the lighter degrees, and shall employ word-blindness as the generic concept.

There is no pathognomonic symptomatology of word-blindness. A differential diagnosis cannot be safely arrived at until visual defects, auditory defects, idiocy, imbecility and possibly other, as yet unrecognized conditions,[2] have been ruled out, and until the child

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aphasia (seven) and nine and a fifth hours for the dyslexia (thirty-nine) cases. The labor was said to be difficult in the case of 6 visual aphasia cases and normal in the case of four. It was difficult with 12 and normal with 41 dyslexia cases. Similar data for our non-word-blind cases would indicate the significance of these figures, but we have been unable to compile them. Our figures, so far as they go, suggest that cerebral birth traumatism may have been a factor especially in the production of visual aphasia.

[1] Word-amblyopia has been similarly employed by Claiborne.

[2] We must sometimes defer judgment, pending the outcome of a longer probationary period of instruction in English reading, in the case of foreign children, or children from foreign speaking homes. So far as we were able to secure the facts, English was spoken in the homes of 71 of these children, Italian and French in one each, Jewish in two, and German in three. The nationality of the parents is shown in the following tabulation:

	American	German	Irish	English	Jewish	Italian	Austrian	Bohemian	Belgian	French	Welsh
Father	45	11	7	7	2	1	1	1	1		1
Mother	47	9	8	6	2	1	1	1	1	1	

The majority are "Americans." There are probably no racial or nationality differences in the incidence of word-blindness.

has been given every reasonable opportunity to learn to read script and print, and has tried to do so, under the guidance of a skilled teacher. If such a child is able to name designated objects or pictures of objects and to spell the names orally, but is unable to pick out or recognize the corresponding names when shown in print or script, there is a presumption of word-blindness.

The average chronological age of this group of word-blind children was 11.07, the average intelligence age 8.85 (based on the 1911 scale for 31 cases and the Stanford scale for 64), the average intelligence retardation 2.2 years, and the average intelligence quotient. 80.3.

The average number of years spent in school at the time of the examination was 4.4 (counting ten months to the year), based on 88 pupils whose attendance records were available. The average grade in which the pupils were reported as doing "successful work" was 1.9, based on the available records of 44 pupils. Unfortunately the grade in which the pupils were able to do successful work in the different branches was reported only in a limited number of cases. In reading the average successful grade was 1.8 (for 14 pupils), in spelling 2.4 (for 8 pupils), and in arithmetic 2.9 (for the same pupils as reported in reading). Reading, according to the school record, was their poorest subject.

This is also shown by the reading test given in the clinic. The average time taken to read the Binet selection (54 words) and the average number of memory units reproduced for the word-blind subjects, all the subjects examined in the Pittsburgh and St. Louis clinics up to August, 1917 (which we shall refer to as the subnormal group), and the epileptic children examined in New Jersey years ago,[1] who classified in the intelligence ages as indicated, are given in Table 1.

It should be explained that only the subjects are included who were able to read the entire selection through. Moreover, many of these secured considerable aid from the experimenter on difficult words. All of the word-blind cases (and many of the epileptics) made many mistakes and were given considerable aid. Even thus only 18 dyslexia cases (all subject to the lighter form of the disability) got through the selection. We have compiled the data for the dyslexia pupils who read part of the selection with aid, and the

[1] We have not included the records of the adults. See Experimental Studies of Mental Defectives, 1912, pp. 70f and 80f.

dyslexia and visual aphasia pupils who attempted to read the easiest material used in the first grade first quarter in the St. Louis schools,[1] but these results will not be referred to here. The reading selection used was that given on page 130 of our Experimental Studies of Mental Defectives, except that the corresponding Stanford passage was used with the word-blind cases examined since September, 1917. The selections are of equal length and probably about equally difficult.

TABLE 1

Time in Seconds to Read Binet Selection.

Intelligence	VIII		IX		X		XI	
Ages	No.[1]	Sec.	No.[1]	Sec.	No.[1]	Sec.	No.[1]	Sec.
Subnormal[2] ...	94	107.9	115	72.7	154	51.9	89	30.
Epileptics	11	145.1	9	85.7	22	66.3	9	31.4
Word-blind ...	5	162.8	5	141.2	6	130.6	2	87.

Number of Memories

Intelligence Ages	VIII	IX	X	XI
Subnormal[2]	5.4	7.6	8.2	9.6
Epileptics	3.5	4.7	6.8	6.1
Word-blind	7.0	7.8	7.1	14.0

[1] Number of subjects included.

[2] The word-blind cases examined during the same period were not eliminated from this group in this or in any of the succeeding tables.

It will be observed that the time required to read the selection by the word-blind cases is considerably longer in every intelligence age than the time required by the subjects in either of the other two

[1] Such lines as "I can run," "I can hop," "I can jump," "I can sing," "I am a boy," "I can play ball," and "How do you like my doll, John?" "She is my little baby girl."

groups. In age X it is two and a half times, and in age XI almost three times as long as the time required by the subnormals. On the other hand, the word-blind subjects, in spite of their slowness in reading, reproduced considerably more memory units than the epileptics in every intelligence age, while they reproduced considerably more than the subnormals in age XI, slightly more in ages VIII and IX, and slightly less only in age X. These results are consistent with the theory that word-blindness is due to defective visual word imagery and the interpretation of such imagery, and not to defective apprehension or retention of the ideas secured from printed words, provided they can be secured at all.[1]

The vast majority of the 85 pupils in this group, who were given a physical examination by the regular school inspectors of hygiene, did not have any significant visual or auditory defects. There were four cases of tinnitus and one of otitis media. No impairment of auditory acuity was noted. There were two cases of myopia, one of hypermetropia, four of astigmatism, three of strabismus, and four of conjunctivitis. We are satisfied that the word-blindness cannot be traced to physical defects in the visual or auditory sense organs in the vast majority, if indeed in any, of the subjects considered in this group. The defect is central.

Other incidental abnormalities noted in the group include the following: Chorea, one boy and one girl; infantilism, one boy; speech defectiveness, seven boys and one girl; psychopathy, two boys; neurotic make-up, three boys and two girls; and conduct difficulties, eight boys and one girl. It is not believed that these anomalies have any direct connection with the word-blindness.

The incidence of word-blindness among the 2116 school cases examined in this series, namely 4.48 per cent., is greater than the combined incidence of epileptics, psychopaths, mongols and cretins.[2] It should be understood that the large majority of these children were examined primarily because they were thought to be mentally defective. In some cases, however, the reason for suspecting the pupils were mentally defective was their inability to learn to read. Some of these cases, as we shall see, proved on examination to be

[1] It must not be forgotten, however, that the subjects were helped to read some of the words by the writer. The ideas of these words were conveyed to the subjects through the ear.

[2] See "The Problems Confronting a Psycho-Educational Clinic in a Large Municipality," Mental Hygiene, January, 1920.

intellectually normal or merely slightly retarded. Nevertheless some were referred primarily because of their difficulty in reading, although known to have had good intelligence. But we believe that the majority of pupils of fair or good intelligence who were subject to specific disability in reading were not referred because of the necessity of restricting the examinations to those most defective in intelligence. For these reasons we do not venture to make any estimate of the ratio of word-blind cases found among all the elementary school children in the St. Louis schools. No accurate figures are available from other school systems. C. J. Thomas has estimated that there is one word-blind case for every 2,000 boys in the London schools, but Warburg noted fourteen word-blind cases among 2,000 ordinary pupils in Cologne, and seven among special school children. We are convinced that if the dyslexia cases are included, the incidence of congenital word-blindness is much greater than has been thought to be the case. Of the cases we have studied, the milder form, dyslexia (3.6 per cent. of all examinees, or 82.1 per cent. of the word-blind) is about five times as prevalent as the more serious form, visual aphasia (.7 per cent. of all, or 17.8 per cent. of the word-blind).

Word-blindness apparently is to some extent a sex limited disability. In this group of cases it was about four times as prevalent among the boys as among the girls, the ratio being 5.71 per cent. for the boys and 1.47 per cent. for the girls. In this group the excess for the males is relatively somewhat greater for the dyslexia than for the visual aphasia cases,[1] but this finding may be of no value because of the limited number of cases. However, we believe we have collected the largest group of congenital word-blind cases ever presented in the literature. According to Sydney Stephenson only fourteen cases had been reported by six writers up to 1904. Hinshelwood, who has contributed most to our knowledge of the condition, has described a dozen cases in his latest treatise. He met with thirty-one congenital and acquired cases in fifteen years.

The facts are not available on which to frame even a plausible explanation of the sex difference. It is suggested that visual aphasia is more prevalent than auditory aphasia,[2] because the reading and

[1] The figures are:

	Boys		Girls	
	No.	%	No.	%
Dyslexia:	71	4.72	7	1.14
Visual Aphasia:	15	.99	2	.32

[2] We have only met with one instance of congenital auditory aphasia, which is not an outspoken case, described in The Achievement of Subnormal Children in Standardized Educational Tests (not yet in print).

understanding of written words was acquired much later in the history of the race than the hearing and interpretation of spoken words. But this analogical fact will not explain the sex difference found in word-blindness because it is probable that, historically, boys have been taught reading longer than girls. It is possible that another analogous fact may be of significance; speech defects are found more frequently among boys than among girls. The difficulty in word-blindness may be traceable to the difficulty of translating a visual word or letter symbol into its appropriate auditory symbol. Although the source of the difficulty has been considered to be a defect in visual word imagery, it is possible that the seat of the trouble may be in the connections between the centers for the images for spoken words and for the images for printed words. We suggest this as an important question for investigation. But whatever the seat of the defect, the result is that the subject finds it difficult to pronounce or read the printed words. In the case of those who cannot read words but who can copy them from the printed page the simplest explanation is to assume that the mechanism for translating the visual symbols into spoken symbols is disturbed, while the mechanism for translating the visual signs into graphic symbols is intact. In these cases there is no copying (visual) agraphia, although there might be dictation agraphia. Severe agraphia sometimes accompanies visual aphasia. Moreover, there are doubtless word-blind subjects in whose case the difficulty of evocation (reading) is complicated by motor aphasia, or a lesion in Broca's convolution. Visual and motor aphasia and agraphia may coexist in the same subject.

(To be continued)

The Vineland Research Department

The present personnel of the Research Department of the Training School at Vineland consists of a director, an assistant, a librarian who also assists in research work, and a stenographer. There is also a varying number of research students who are voluntary workers. A large number of requests come from university graduates anxious to obtain a year's experience in laboratory research work.

The annual cost of the Department is about $10,000, which includes traveling expenses, books, supplies, cost of publication of reprints, tests, etc.

The work of the laboratory dates from 1906, and its inception was immediately due to the prevision and faith in the value of scientific investigation possessed by the present director of the Training School, Superintendent E. R. Johnstone. For twelve of the fourteen years of operation the laboratory was under the direction of Dr. H. H. Goddard, through whose work it has become so widely known.

The general scope of the work has been research on the problems of (1) the recognition, (2) the causation, and (3) the prevention of mental defect.

The recognition of mental defect has involved the standardization of new tests and the modification and revision of existing series. To assist in this work extensive clinical examination records are kept which cover the personal, social, and family histories of each individual case together with the results of medical, anthropometric, mental and educational examinations.

The problem of the causation of feeble-mindedness has been attacked with the co-operation of the Wistar Institute of Anatomy by the examination of the brains of autopsied cases. From the clinical side this work is being supplemented by brain capacity measurements on the living subjects. Very extensive work on the heredity of feeble-mindedness has been done by the collection of family histories by trained field workers.

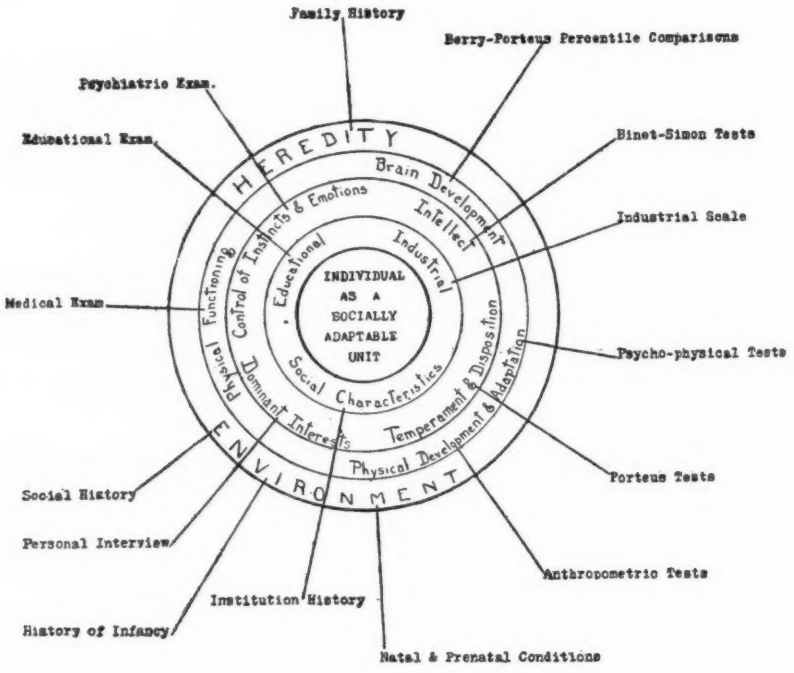
As regards the prevention of mental defect the laboratory has assisted in publicity campaigns in order to arouse interest in various states in the care and supervision of defectives in the community. Sterilization studies have also been attempted. At Wistar Institute experimental work on endocrinology is being carried on using in part material supplied from here.

The general outcome of the work of this laboratory may be indicated as follows:

(1) The earliest revision of and practically the introduction to wide use in this country of the Binet-Simon tests;

(2) The publication of extensive literature on these and other tests which has been sent to other English-speaking countries and has helped materially in the wide-spread recognition of their value;

(3) Publication of a large number of family history records drawing attention to the extent to which mental defect is transmitted. The work of the former director, Dr. H. H. Goddard in all



This chart shows the factors which affect the social adaptation of the individual. Factors on the same ring interact and also stand in causal relation to other factors inscribed on any inner ring. For instance, one case may be socially inefficient because of poor educational ability dependent upon small intellect, which may itself be due to a poor brain development—the last named condition being due to hereditary causes. If we suppose the concentric rings to rotate independently, then we may have any combination of factors forming dominating lines of influence on the social adaptability of the individual.

The relation of all parts of our clinical method to various factors is shown by the direction of the arrows.

the above directions is too well known to require further mention.

The present programme of the Research Department comprises a comprehensive study from all possible angles of the defective as a socially inefficient unit and the recording of the results under a new system which will, it is hoped, give a far clearer clinical picture of mental deficiency in its various forms. This has involved the establishment of norms of brain capacity for children of all ages, the revision of the Porteus Tests, the further modification of the Binet Tests and the publication of percentile tables for Goddard and Stanford Revisions, the arrangement of an industrial ability scale by which the value of each defective's work may be rated, an educational scale and a systematized record sheet for the display of results.

The problem as it appears may be shown by the accompanying diagram which roughly indicates the various factors or conditions affecting the social efficiency of the individual. The factors inscribed in the same ring are closely inter-related in action. From without inwards the factors are supposed to stand in causal relation. The factors on any outer ring may affect to lesser or greater extent all of the factors or conditions inscribed on the rings within it. The various methods of investigation are written outside the circles, and their relation to the various factors is indicated by arrows. The diagram does not make any claim to psychological exactitude, but will serve to illustrate the correlation of studies and their relation to the core of the problem—the potential social inefficiency of the individual.

The work of the Research Department has been made possible mainly through the generosity of Mr. Samuel S. Fels, of Philadelphia, who has consistently supported it since its inception.

It is hoped that this brief statement of the history and activities of this laboratory may be helpful in the recognition of the need for research work in other institutions, especially in those supported by the state. The state could well afford to spend out of each dollar devoted to the immediate care of defectives ten cents on research work, a work that looks towards the ultimate mitigation or possible prevention of the great social problem of mental defect.

S. D. Porteus
Director of Research.

"A little psychological research would aid the united charities of any city to direct their expenditures into more profitable channels than would otherwise be possible."—*Terman.*

Abstracts from Current Literature

Colony and Extra-Institutional Care for the Feeble-Minded. By Charles Bernstein. Mental Hygiene. Vol. IV, No. 1. January, 1920

The success of colony houses in place of institutional care for the high-grade feeble-minded boys and girls already is so marked as to prove to Dr. Bernstein's satisfaction that this is a solution of the problem of proper provision for the defectives. The boys and girls who have been paroled from the institution have benefited appreciably by the change. Their lives are more normal and happy, while, at the same time, the public is having the benefit of labor which otherwise would not be available.

While there have been individual failures, still, in spite of the diagnosis of doubtful mentality, the great majority have proved that, given training and the benefit of favorable environmental conditions, they can be socially efficient.

The Problem of Educability. By Lightner Witmer. The Psychological Clinic. Vol. XII, Nos. 5-9. May 15, 1919.

The school system can be improved by a change of aim, content and method. At present, no attempt is made to discover in the beginning whether or not a child can assimilate knowledge of the three R's, and so he is allowed to struggle along for two years or more, gaining nothing and hindering the progress of his fellows.

It is possible to determine by tests whether a child can profit by grade teaching; if he cannot, then he should be taught that which he *can* use to advantage. The modern curriculum does not admit of rapid enough progress for the bright child, nor yet is it elastic enough to fill the need of the defective.

The standard of proficiency required to obtain a working certificate is open to severe criticism. Scientific educational treatment demands that when a child has gained what he can from the grade school he shall be allowed to find his place in the industrial world.

The present educational situation will not be remedied until the Clinical Psychologist has his place in the school established, and each child is graded according to his mental capacity.